

2017-2018 Hudson Area Schools
Out-of-District School of Choice Application

1. Student's Name: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth: _____	
2017-2018 Grade: _____	Special Education Services Required? No <input type="checkbox"/> Yes <input type="checkbox"/>

2. Student's Name: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth: _____	
2017-2018 Grade: _____	Special Education Services Required? No <input type="checkbox"/> Yes <input type="checkbox"/>

3. Student's Name: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth: _____	
2017-2018 Grade: _____	Special Education Services Required? No <input type="checkbox"/> Yes <input type="checkbox"/>

Parent/Guardian Name(s): _____		
Address: _____		City/State/Zip: _____
Primary Telephone _____	Secondary Telephone _____	Parent's Email Address _____
School district student most recently attended: _____		District you live in: _____
Name and age of sibling(s) not yet school age: _____		
Reason(s) for requesting admission under "Schools of Choice" (Always attended Hudson and moved, course offerings, etc.): _____		

By signing this application, I certify that:

- I understand transportation **is not** provided under "Schools of Choice",
- I understand athletic eligibility status is established by the Michigan High School Athletic Association,
- If I fail to disclose Special Education needs, expulsion or suspension information it may result in review/reversal of acceptance.

Has your child ever been expelled from school? No Yes

Reason: _____

Has your child been suspended from school within the past two years? No Yes

Reason: _____

I certify the information submitted is true and accurate to the best of my knowledge. By typing my name in the space below, I understand and agree that I am signing this document electronically and further agree that my electronic signature is the same as if I had manually signed this document in ink.

Parent/Guardian Signature

Date

Student Signature (if 18 years of age or older)

Date

For Office Use Only: _____
Date Time Signature

Accepted: Yes No

**This application must be completed and returned to:
Hudson Area Schools, Board of Education Office
781 N. Maple Grove Ave., Hudson, MI 49247**

**You will receive notification after the application
is processed.**